The Peak Organization

Empire BC/BS

Rates by Region

Effective September 2008

$25 Copay Plan

	NY Metro Region	*Albany Region*	*Mid-Hudson Region*
Single:	**$521.40**	**$482.03**	**$569.59**
Hus/Wife:	**$1042.80**	**$964.06**	**$1139.18**
Parent/Child:	**$938.53**	**$867.67**	**$1025.27**
Family:	**$1564.20**	**$1446.09**	**$1708.77**

Empire BlueCross BlueShield

Benefits summary

HMO

The Peak Organization

Benefit	In-Network[2]
Lifetime Maximum	Unlimited
Dependent Children	To age 19; full-time students to age 23
Home/Office/Outpatient Care	
Home/Office Visits[1] (PCP or Specialist)	$25/$40 copay
Annual Physical Exam[1]	$25/$40 copay
Well-Child Care (Up to age 19; including covered immunizations)	$0
Well-Woman Care[1] (No PCP referral required)	$25/$40 copay
Emergency Room/Facility (Initial visit per occurrence)	$75 copay (Waived if admitted within 24 hours)
Ambulatory/Outpatient Surgery[3]	$75
Presurgery Testing	$0
Anesthesia	$0
Chemotherapy, Radiation Therapy	$0
Maternity Care	$0
Mammograms	$0
Cervical Cancer Screening	$0
Laboratory Tests, X-rays	$0
MRI[3]/MRA[3], CAT[3],PET[3], Nuclear Cardiology[3]	$0
Allergy Testing & Treatment[1]	$25/$40 copay (Waived for treatment)
Chiropractic Care[1]	$25/$40 copay
Home Healthcare[3] (Up to 200 visits per calendar year)	$0
Home Infusion Therapy[3]	$0
Hospice Care[3] (Up to 210 days per lifetime)	$0
Physical Therapy[1,3] (Up to 30 visits per calendar year combined in home, office or outpatient facility)	$25/$40 copay in home or office
Speech/Language, Occupational, Vision Therapies[1,3] (Up to 30 visits per calendar year combined in home, office or outpatient facility)	$25/$40 copay in home or office
Cardiac Rehabilitation[3]	$0
Second Surgical Opinion	$0
Kidney Dialysis	$0

(1) The following practitioners receive the lower (primary) co-pay for services provided in an office: patient's PCP, obstetricians, gynecologists, certified nurse midwives, chiropractors and therapists. The higher (specialist) co-pay will apply for all other specialists when a co-pay is required.
(2) A network provider must deliver all care with a PCP referral.
(3) The admitting network physician, PCP, or participating vendor must contact our Medical Management Program to get preapproval for this service. For ambulatory surgery, preapproval is required for cosmetic/reconstructive procedures, outpatient transplants and ophthalmological or eye-related procedures.
(4) Our Behavioral Healthcare Management Program must preapprove all mental health and alcohol/substance abuse services.

NOTE: This is a benefits summary only and is subject to the terms, conditions, limitations and exclusions set forth in the certificate of coverage. Failure to comply with our Medical Management or Behavioral Healthcare Management Program requirements could result in benefit reductions.

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SPR 1071H 6/03

Benefit	In-Network[2]
Inpatient Care[3]	
Inpatient Hospital (As many days as is medically necessary; semiprivate room and board)	$500/$1250 per admission/maximum per calendar year per contract
Surgery, Surgical Assistant, Anesthesia	$0
Physical Therapy, Physical Medicine or Rehabilitation (Up to 30 inpatient days per calendar year)	$500/$1250 per admission/maximum per calendar year per contract
Skilled Nursing Facility (Up to 60 days per calendar year)	$0
Mental Health[4]	
Outpatient Visits in Office or Facility (Up to 20 outpatient visits per calendar year)	$25 copay per visit
Inpatient Care (Up to 30 inpatient days per calendar year)	$500/$1250 per admission/maximum per calendar year per contract
Alcohol/Substance Abuse[4]	
Outpatient Visits (Up to 60 outpatient visits which include 20 family counseling visits per calendar year)	$0
Inpatient Detoxification (Up to 7 days detox per calendar year)	$500/$1250 per admission/maximum per calendar year per contract
Other	
Medical Supplies	$0
Durable Medical Equipment[3]	$0
Prosthetics & Orthotics[3]	$0
Ambulance (Air Ambulance[3])	$0
Prescription Drugs Retail Program – One copay required for up to a 30-day supply	$100 Deductible $10 copay for generic $20 copay for brand $40 copay for non-formulary Includes Oral Contraceptives (Retail & Mail-Order)
Mail-Order Program[5] – Only two copays required for a 90-day supply	$0 Deductible The Mail-Order Program has the same copayments as the Retail Program listed above.
Routine Vision Care (Through Davis Vision network of providers at 1-800-999-5431)	$5 copay for 1 exam every 24 months $10 copay for frames $25 copay for contact lenses $35 allowance for non-plan eyewear purchase

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(4) Our Behavioral Healthcare Management Program must preapprove all mental health and alcohol/substance abuse services.
(5) To receive a 90-day supply of prescription drugs through our Mail-Order Program, the prescription must be written specifically for a 90-day supply.

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